13281
U.S. PTO

	UTIL	_ITY	PATENT APP	PLICATION	ON TRA	ANSMITTAL	.s. PTO 015			
Address to: Box PATENT APPLICATION				Attorney Docke	t No.	CHEN3599/EM	38 U	1 P		
Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450			First Named In (or identifier)	ventor	Hui-Wan CHEN	10				
			Total Pages		35					
	Transmi	tted h	erewith is a pate	nt applicat	ion unde	r 37 CFR 1.53(b).				
Entitled: Electrophoresis Module Having Electrophoresis Bath With Upright Carri										
⊠ 1.	Submitted herewith are the following:									
	16 pages of specification, including claims and Abstract. 12 sheets of FORMAL drawings (Figs. 1-12). 9 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to Wealtec Bioscience Co., Ltd., Taipei County, Taiwan, R.O.C., Cover Sheet, and payment of the \$40 recordal fee. 1 check in the amount of \$425 (\$385- Filing Fee; \$40- Assignment Recordation Fee).									
⊠ 2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.									
⊠ 3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.									
□ 4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed									
□ 5.	Insert before the first sentence of the specification: This application is a Continuation-in-part									
□ 6.	of nonprovisional application number filed Other:									
Reg. No. 25	5,893; Rich	ard E. F	epresenting applicant Fichter, Reg. No. 26,3 2; and Benjamin E. U	382; Thomas	J. Moore, F	ν, Reg. No. 19,179; Ευς Reg. No. 28,974; Josep	gene Mar, oh			
	THE	FILING FE	E IS CALCULATED AS FO	LLOWS:		Basic Fee:	\$770.00	<u> </u>		
	Total Claims: 9 - 20		- 20 =		0	X \$18 =	\$0.00	<u> </u>		
Indeper	dent Claims:	11	- 3 =		0	X \$86 =	\$0.00	<u>'</u>		
Correspondence Address: BACON & THOMAS, PL 625 Slaters Lane, 4 th Flo Alexandria, VA 22314-1		PLLC	OOF CUSTOMER NUMBER		Multiple Dependent Claim (add \$290.00):		\$0.00	<u>'</u>		
		loor				\$770.00	<u>'</u>			
					50% Reduction if Small Entity Status:		\$385.00	<u>'</u>		
Phone: 703-683-0500		Fax: 70	703-683-1080		Total:					
Da	Date: Name:		Name:		Signature:		Reg. No.			
November 17, 2003			Eugene Mar				25,893	;]		